

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 173
Registered No. 202

PLACE OF BIRTH
County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank Ulrick { If child is not yet named, make supplemental report, as directed.
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
7. Date of birth Oct. 31, 1929
Month Day Year

3. FATHER Full name Frank Ulrick
1. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 23 (Years)
14. MOTHER Full maiden name Elsie Holloway
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

12. Birthplace (city or place) Globe Ariz.
(State or country)
18. Birthplace (city or place) Globe Ariz.
(State or country)

13. Occupation Boiler maker
Nature of industry
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1
Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Germale at 7:05 A.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
physician
(Physician or midwife).

Given name added from _____ Address Globe, Arizona
a supplemental report. Month, day, year

Filed Nov 9, 1929 H. E. Wightman
Registrar

Registrar

648-1031-586